STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003984	A. BUILDING: _____ B. WING _____	C 06/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORTHINGTON PLACE	**10799 ALLIANCE DR CAMBY, IN 46113**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00202120. Complaint IN00202120 - Substantiated. No deficiencies related to the allegation are cited. Survey date: June 28, 2016 Facility number: 003984 Provider number: 003984 AIM number: N/A Census bed type: Residential: 36 Total: 36 Sample: 03 Worthington Place was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00202120. QR was completed by 99993 on 06/29/16.	R 000		